MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05677

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Md.
STREET ADDRESS (If rural give location) Bay Ridge

3. NAME OF DECEASED: (Type or Print) (First) S (Middle) Reese (Last) Abbott
4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3/8/1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman
10b. KIND OF BUSINESS OR INDUSTRY: State of Md.
11. BIRTHPLACE (State or foreign country): Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William M. Abbott
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. S. Reese Abbott Bay Ridge Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Sudden
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerotic Heart Disease — one year.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-30, 1953, to 6-16, 1953, that I last saw the deceased alive on 6-16, 1953, and that death occurred at 11 PM, from the causes and on the date stated above.
SIGNATURE George C Basil (Degree or title) M.D. ADDRESS Annapolis Md DATE SIGNED 6-18-53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF 6-19-53 NAME OF CEMETERY OR CREMATORY St. Anne's LOCATION (City, town, or county) Annapolis (State) Md.
DATE REC'D BY LOCAL REGISTRAR June 19, 1953 REGISTRAR'S SIGNATURE [signature] — O. Frank
24. FUNERAL DIRECTOR John M. Taylor + Sons ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05678

CERTIFICATE OF DEATH

Reg. Dist. No. 21

M C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place) 1 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) U.S. Naval Hospital

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) AMES
4. DATE OF DEATH: (Month) June (Day) 21 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: Cauc
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 21, 1953
9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours 1 Min. 39

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard C. Ames
14. MOTHER'S MAIDEN NAME: Rose Grille

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: — 0
17. INFORMANT & ADDRESS: Richard C.Ames, 7 Monroe Ave.,Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Immaturity unqualified (776) — Interval Between Onset And Death: 1 Hour

DUE TO Weight 880 Grams

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-21, 19 53, to 6-21, 19 53, that I last saw the deceased alive on 6-21-, 19 53, and that death occurred at 8:34 A.M. from the causes and on the date stated above.

SIGNATURE W. I. Neikirk (Degree or title) LCDR, MC, USN ADDRESS U.S.Naval Hospital,Annapolis,Maryland DATE SIGNED 6-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6-23-53 NAME OF CEMETERY OR CREMATORY N S Mary Cemet LOCATION (City, town, or county) Annapolis, Md. (State)

DATE REC'D BY LOCAL REGISTRAR June 23, 1953 REGISTRAR'S SIGNATURE [signature] 2063353260

24. FUNERAL DIRECTOR B L Hopping & Son ADDRESS Annapolis, Md.

RECEIVED
JUN 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05679

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie

STREET ADDRESS (If rural give location) 16 New Jersey ave. N.W.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Z. (Last) Berros

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 24, 1905

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant owner

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Zafirios Berros

14. MOTHER'S MAIDEN NAME: Catherine B. Cataridis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 215-07-9290

17. INFORMANT & ADDRESS: Mrs. Julia Berros

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 30 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary artery disease

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/22, 1953, to 6/22, 1953, that I last saw the deceased alive on 6/22, 1953, and that death occurred at 8:25 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Bornich M.D. ADDRESS Annapolis Md DATE SIGNED 6/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 25, 1953

NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery

LOCATION (City, town, or county) (State) Glen Burnie, Md.

DATE REC'D BY LOCAL REGISTRAR June 24, 1953

REGISTRAR'S SIGNATURE L. J. D'Alba

24. FUNERAL DIRECTOR R. Kingleton, ADDRESS Glen Burnie

Wm. J. French, mnb.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05680

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severna Park; LENGTH OF STAY (in this place): 25 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Severn River Carrollton Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie
STREET ADDRESS (If rural, give location): Box 100 Route 2

3. NAME OF DECEASED (Type or Print): (First) Warren (Middle) Wilbur (Last) Blizzard

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 7/22/47

9. AGE last birthday: 5 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Warren Wilbur Blizzard Sr.

14. MOTHER'S MAIDEN NAME: Rose Mary Kimbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Rose Mary Blizzard, (mother).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Accidental drowning. — Interval Between Onset and Death: Sudden

929.8 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b): ; (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Severn River
(CITY OR TOWN) (COUNTY) (STATE): Carrollton Manor, Severna Park, A.A. (Md.)
TIME (Month) (Day) (Year) (Hour) OF INJURY: 6/9/53 6.45 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Drowning

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Lenwood H. Pavlen M.D. (Degree or title): Deputy Medical Examiner. ADDRESS: Glen Burnie, Md. DATE SIGNED: 6/9/53

23. BURIAL, CREMATION, REMOVAL (Specify): B. DATE THEREOF: 6/13/53 NAME OF CEMETERY OR CREMATORY: Mt. Olive LOCATION (City, town, or county) (State): Laudelstown, Md.

DATE REC'D BY LOCAL REG.: 6-11-53 REGISTRAR'S SIGNATURE: G. W. Hedrick Mgr.

24. FUNERAL DIRECTOR: James L. McCarney ADDRESS: 130 E Fort Ave.

05681

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade, Md. LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL	STREET ADDRESS (If rural, give location) 929 E. Lansing Street

3. NAME OF DECEASED (Type or Print)	(First) Thomas	(Middle) Aloysius	(Last) Brady	4. DATE OF DEATH	(Month) June	(Day) 2	(Year) 1953
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 7 April 1904	9. AGE last birthday 49 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier	10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW #2	16. SOCIAL SECURITY No. Unknown	17. INFORMANT AND ADDRESS Mrs. Tina Brady (wife) 1759 Dolly Avenue Baltimore, Maryland					

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) Myocardial infarction with rupture and cardiac Tamponade	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION / 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) / PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. / INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 2 June 1953 and that death occurred at 1200 hrs. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sarah E. Elliott	Maj MC	2053 ASU RC	2 June 53 799M

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Unknown	Unknown	Philadelphia, Pennsylvania

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2 June 53	T. A. GORDON CWO USA	James Mc Cofferty, Philadelphia, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
JUN 8 1953
BUREAU V. S.

05682

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arundel Beach
LENGTH OF STAY (in this place) (8 wks)
~~HOSPITAL OR INSTITUTION OR~~ STREET ADDRESS Severna Park, P.O.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park
STREET ADDRESS (If rural, give location) Route #1 Box 525

3. NAME OF DECEASED (Type or Print) (First) Constance (Middle) (Last) Brandstaedt
4. DATE OF DEATH (Month) June (Day) 9 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 2, 1890
9. AGE last birthday 63 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife (ret)
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Hoboken, New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Gustave Frochlich
14. MOTHER'S MAIDEN NAME Anna Fusch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Julius F. Brandstaedt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Disease

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1953, to June 9, 1953 that I last saw the deceased alive on June 9, 1953, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M. K. Willoughby. M.D. Severna Park, Md. 9.11.53.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF JUNE 13 53
NAME OF CEMETERY OR CREMATORY Oakleaon
LOCATION (City, town, or county) (State) Baltimore Co. Md

DATE REC'D BY LOCAL REG. June 12, 1953
REGISTRAR'S SIGNATURE L. J. D'Alba
24. FUNERAL DIRECTOR Wm Singleton ADDRESS Glen Burnie, Md

3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY A. A. Co. — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. Gen. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A.A. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — STREET ADDRESS (If rural, give location) 106 Archwood Ave

3. NAME OF DECEASED (Type or Print): (First) CLAYTON (Middle) EMMERSON (Last) BRANT SR.

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)

8. DATE OF BIRTH: 5/26/1887

9. AGE Last Birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer Asst. B.&O.R.R.

10b. KIND OF BUSINESS OR INDUSTRY: R.R.

11. BIRTHPLACE (State or foreign country): Gebhart Penn

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Albert E. Brant

14. MOTHER'S MAIDEN NAME: Mary Ida Hauger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk — (If yes, give war or dates of service): unk

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Viola E. Brant (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Disease — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Annapolis | (COUNTY) A.A.Co. | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 6 29 53 11 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE — (Degree or title) MD — ADDRESS — DATE SIGNED 6/29/53.

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 7-2-53 — NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery — LOCATION (City, town, or county) Annapolis — (State) Md.

DATE REC'D BY LOCAL REG. July 1, 1953 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR AND ADDRESS John M. Taylor Son Annapolis, Md.

RECEI
JUL 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 165 Conduit St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 165 Conduit St.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) (Last) Brown

4. DATE OF DEATH: (Month) 6 (Day) 25 (Year) 1953

5. SEX: Male — 6. COLOR OR RACE: Negro — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S. — 8. DATE OF BIRTH: 7-12-1880 — 9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Laborer~~ None — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Unknown — 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown — 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — 17. INFORMANT & ADDRESS: Welfare Board Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Arteriosclerotic Heart Disease — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Generalized Arteriosclerosis — Unknown

DUE TO

(c)

420.0

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1953, to June 25, 1953, that I last saw the deceased alive on June 24, 1953, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

George C Boarl — M.D. — Annapolis — 6.27.53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial — 6-29-53 — Brewer Hill — Annapolis — Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

June 29, 1953 — J. C. Arnold — William Reese & Son — 108 W. Washington St. Annapolis, Md.

RECEIVED
JUL 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
   LENGTH OF STAY (In this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spa Creek foot of Shipright St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
   STREET ADDRESS (If rural, give location): 153 Main Street

3. NAME OF DECEASED (Type or Print): (First) OLIVER (Middle) WILLIAM (Last) BRYANT

4. DATE OF DEATH: (Month) JUNE (Day) 28, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 27, 1948

9. AGE last birthday: 5 yrs. If under 1 year: Months 3; Days 1. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Billaire, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Bryant

14. MOTHER'S MAIDEN NAME: Freda McCauley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mr William H. Bryant- Father - same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8 Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Spa Creek
(CITY OR TOWN): Annapolis (COUNTY): Anne Arundel (STATE): Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): June 28,53 8 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Accidental Drowning

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Elmer G. Linhardt (Degree or title): MD ADDRESS: Annapolis Md DATE SIGNED

Elmer G. Linhardt MD Anne Arundel County Medical Examiner, Annapolis, Md. 6-28-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 2, 1953
NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Cemetery
LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: July 2, 1953
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: Ben L. Hopping and Son
ADDRESS: Annapolis, Md.

RECEIVED
JUL 3 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 4/6 9-15M

1. PLACE OF DEATH:
County Ann Arundel
City or town Annapolis.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Annapolis Hosp't.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Ann Arundel
City or town Edgewater.
(If outside city or town limits, write RURAL and give nearest town)
Street No. RFD #1 Box 381 A.
(If rural, give LOCATION)
2.(a) If veteran, name war W.W. I

3.(a) FULL NAME: Oakley Watts Bundick

3.(b) Social Security Number:

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Alice L. Bundick
6.(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): July 12, 1893
8. AGE: Years 59 | Months 11 | Days 10 | If less than one day ____ hrs. ____ m.
9. Birthplace: Accomack Co., Va (Town, county, and state)
10. Usual occupation: Truck Driver, Retired
11. Industry or business: D.C. Government.
MOTHER
12. Name: Wm. H. Bundick
13. Birthplace: Va
FATHER
14. Maiden name: Estelle Watts
15. Birthplace: Va.
16. Informant: Alice L. Watts
Address: RFD #1 Box 381 A, Edgewater, Md.
17. Burial (Burial, cremation, or removal, Which?) Date thereof: June 25, 1953 (month) (day) (year)
Cemetery or crematory: Arlington National
Location: Ft. Myer, Va.
18. Funeral director: W.W. Chambers Co.
Address: 5801 Cleveland Ave., Riverdale, Md.
19. (Date rec'd by registrar) 6-23-53 19 Registrar: Amanda Downey / Wm. J. Bundick

MEDICAL CERTIFICATION

20. DATE OF DEATH: 22 June 1953 at 8 00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1953 to June 1953 and that I last saw him alive on 1 May 1953

	DURATION
Immediate cause of death: Acute Pulmonary Oedema	1 hour.
Due to: Arteriosclerosis	unknown
Due to:	
Other conditions: 430.1	

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23 SIGNATURE: Edward L. Beck M.D.
M. D. or other
Address: Haverhill Rd. Towson 4 Md. Date signed: 6-22-53

RECEIVED
JUL 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05687

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415A

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General DOA

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Mich. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Detroit
STREET ADDRESS (If rural, give location): 147 Cortland, Highland Park

3. NAME OF DECEASED (Type or Print): (First) PALMER (Middle) WARNER (Last) CARR

4. DATE OF DEATH: (Month) June (Day) 4, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 5, 1900

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Efficiency Exbert

10b. KIND OF BUSINESS OR INDUSTRY: Chrysler Crop.

11. BIRTHPLACE (State or foreign country): Syracuse, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EDWARD CARR

14. MOTHER'S MAIDEN NAME: ANNA PALMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 383-10-4582

17. INFORMANT AND ADDRESS: Mrs Galdia A. Carr Wife same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Motel

(CITY OR TOWN) (COUNTY) (STATE): Annapolis, Anne Arundel, Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): June 4,53 2:10Pm.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Natural causes

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Elmer G. Linhardt (Degree or title): M.D. ADDRESS: Annapolis, Maryland DATE SIGNED: June 4,53

Dr. Elmer G. Linhardt M.D. County Medical Examiner

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: June 5,53

NAME OF CEMETERY OR CREMATORY: to

LOCATION (City, town, or county) (State): Detroit, Mich.

DATE REC'D BY LOCAL REG.: June 5,1953

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Ben L. Hopping and Son ADDRESS: Annapolis, Md.

CLASSIFIED

Item 7 Film G154 6/15/53 whw
Item 18-19-21 Film G155 7-8-53 ams

05688

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNAPOLIS
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LOTHIAN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) (Last) CHANEY
4. DATE OF DEATH (Month) June (Day) 8 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 10-27-1888
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER ROAD
10b. KIND OF BUSINESS OR INDUSTRY STATE ROAD
11. BIRTHPLACE (State or foreign country) BRISTAL MD
12. CITIZEN OF WHAT COUNTRY U.S.A
13. FATHER'S NAME W. FRANK CHANEY
14. MOTHER'S MAIDEN NAME NELLIE WELCH SMITH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS JOSEPH CHANEY JR BRISTAL MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute heart failure

7 a.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Recent fracture, right femur/ Surgical repair of same

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home - boat
(CITY OR TOWN) Lothian, (COUNTY) Anne Arundel Co. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6-7-53 9:00 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell in boat

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE William Voelt (Degree or title) ADDRESS Ass't. Medical Examiner-700 Fleet St.-Balto. 2, Md. DATE SIGNED 6/9/53

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF 6-10-53 NAME OF CEMETERY OR CREMATORY Christ Church LOCATION (City, town, or county) Owensville (State) Md

DATE REC'D BY LOCAL REG. June 10, 1953 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

RECEIVED
JUN 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05689

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH.
COUNTY ANNE ARUNDEL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNAPOLIS
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ~~A.A.~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 710 North Avondale Road

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) EDDIE (Last) CUNNINGHAM Jr.

4. DATE OF DEATH: (Month) JUNE (Day) 20 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: NEGROID
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: JUNE 4, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH EDDIE CUNNINGHAM
14. MOTHER'S MAIDEN NAME: JOYCE WALKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: U.S. Naval Hospital, Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

763

Immediate cause (a) Pneumonia, Aspiration with Immaturity # 7635 — Interval Between Onset And Death: 1 Day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage Diffuse Cerebral Sub arachnoid following transfusion. #N 854 — 3 Hours

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 June, 1953, to 20 June, 1953, that I last saw the deceased alive on 20 June, 1953, and that death occurred at 1:25 P.M., from the causes and on the date stated above.

SIGNATURE W. I. Neikirk — (Degree or title) W. I. NEIKIRK, LCDR MC USN. — ADDRESS U.S. Naval Hospital, Annapolis, Maryland — DATE SIGNED 23 June 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-24-53 — NAME OF CEMETERY OR CREMATORY Brewer Hill — LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 24, 1953 2163224 32 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR William Leese, II - 108 W. Washington St. Annapolis, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
JUN 25 1953
BUREAU V

Item 18 Film G155 [illegible]-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05690

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Might Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum Heights

STREET ADDRESS (If rural, give location) 301 W. Greenwood Road

3. NAME OF DECEASED: (Type or Print) (First) GERTRUDE (Middle) L. (Last) DAWSON

4. DATE OF DEATH: (Month) June (Day) 16, (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: October 15, 1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Lundbeck

14. MOTHER'S MAIDEN NAME: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. John A. Reilly, Linthicum Heights 300 W. Greenwood Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Collitis

572.3

Immediate cause (a) Chronic Cellitis

DUE TO His[illegible] at University Hosp. Lec[illegible]?

Antecedent cause(s) (b) History at University Hosp Lecumia

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c) Senility

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20 1953, to June 26, 1953, that I last saw the deceased alive on June 16, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE M. R. Willoughby (DEGREE OR TITLE) M.D. ADDRESS Severna Park DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE THEREOF 6/19/53

NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

LOCATION (City, town, or county) Baltimore. (State) Maryland

DATE REC'D BY LOCAL REG. 6-17-53

REGISTRAR'S SIGNATURE A. W. Hedrick M.H.

24. FUNERAL DIRECTOR Wm. Cook, Inc. ADDRESS 1217 St. Paul Street

VS. A15

Item 7 FilmG154 6/15/53 whw

05691

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) (Last) DENNIS
4. DATE OF DEATH (Month) June (Day) 3 (Year) 1953
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 15 1900
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Odd jobs
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Dennis
14. MOTHER'S MAIDEN NAME Mary Ackwood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Susie Simms - Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute alcoholism

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE William V. Booth (Degree or title) ADDRESS 700 Fleet Street, Baltimore 2, Md. DATE SIGNED 6/4/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-5-53
NAME OF CEMETERY OR CREMATORY Brewer Hill
LOCATION (City, town, or county) (State) Annapolis, Md.
DATE REC'D BY LOCAL REG. June 6, 1953
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR William Keeler, [illegible] Annapolis, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 9 1953
BUREAU V.

Item 21 Film G154 6-16-53 ams

05692

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY A.A. Co Millersville, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Landing
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Severn River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3411 Ramona Ave

3. NAME OF DECEASED (Type or Print) (First) Stanley (Middle) Francis (Last) DERNOGA
4. DATE OF DEATH (Month) 6 (Day) 6 (Year) 1953

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 7/28/08
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GUARD
10b. KIND OF BUSINESS OR INDUSTRY WESTERN ELECTRIC CO
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Casimir Dernoga Sr.
14. MOTHER'S MAIDEN NAME Maryanna Sumor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO. 212-07-2694
17. INFORMANT AND ADDRESS Casimir Dernoga Jr. 3411 Ramona Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

929.8 Immediate cause (a) Drowning:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Private Resort (CITY OR TOWN) Ben Oaks (COUNTY) A.A. Co. (STATE) Md
TIME OF INJURY (Month) 6 (Day) 6 (Year) 53 (Hour) 4 P m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? While swimming at Ben Oaks

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE [signature] (Degree or title) MD ADDRESS [signature] DATE SIGNED 6-6-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/9/53
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 6/8/53
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR George A. Weber 705 S. Ann st ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AIBA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05693

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Homewood Convl. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis,
STREET ADDRESS (If rural, give location): 219 King George St.

3. NAME OF DECEASED: (First) CARRIE (Middle) WADE (Last) DeWEESE
4. DATE OF DEATH: (Month) JUNE (Day) 7, (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 17, 1867
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): South Bend, Inda.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Alfred B. Wade
14. MOTHER'S MAIDEN NAME: Jennie Bond
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Capt. Wade DeWeese USN. Ret. Son, same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0
Immediate cause — (a) Arteriosclerotic Heart Disease — DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Senility — DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) Several Years (b) Several (c) Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1953, to June 7, 1953, that I last saw the deceased alive on June 7, 1953, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
George C. Boril M.D. Annapolis Md. 6-5-53

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE THEREOF: 6-10-53
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Crematory
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: June 10, 1953
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: Ben L. Hopping and Son
ADDRESS: Annapolis, Md.

RECEIVED
JUN 12 1953
REAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05694

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crownsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Howard 13
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Ellicott City
STREET ADDRESS (If rural give location): Fells Lane

3. NAME OF DECEASED: (Type or Print) (First) Lonnie (Middle) (Last) Dorsey

4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 3/16/59?

9. AGE last birthday: 94? yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Alston Burgess

14. MOTHER'S MAIDEN NAME: Mary Burgess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: - - - - -

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

4221

Immediate cause (a) Chronic Myocarditis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Brain Syndrome associated with generalized and cerebral arteriosclerosis — Known to us since 3/21/49

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - - - -

19b. MAJOR FINDINGS OF OPERATION -

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) - - - - - - - PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - - (CITY OR TOWN) (COUNTY) (STATE) -

TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - - m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 2/1, 19 52 to 6/9, 19 53, that I last saw the deceased alive on 6/9, 19 53 and that death occurred at 3:35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold H. Eichert, M.D. — ADDRESS: Crownsville, Md. — DATE SIGNED: 6/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 6-18-53 — NAME OF CEMETERY OR CREMATORY: Crownsville State Hosp. — LOCATION (City, town, or county) (State): Crownsville Md.

DATE REC'D BY LOCAL REGISTRAR: 6/25/53 — REGISTRAR'S SIGNATURE: Katherine M. Joyce, Reg. — 24. FUNERAL DIRECTOR: Arnold H. Eichert, M.D. — ADDRESS: Crownsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bay Ridge — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS Lawrence & Barry Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood — STREET ADDRESS (If rural, give location) 3701 Quincy St.

3. NAME OF DECEASED (Type or Print): (First) MARIE. (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Sept 23, 1898

9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles E. McCarthy

14. MOTHER'S MAIDEN NAME: Catherine McCormick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Leo Dunn - Brentwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

331/X Immediate cause (a) Cerebral accident — Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Bay Ridge (COUNTY) Anne (STATE) Md.

TIME OF INJURY (Month) 6 (Day) 29 (Year) (Hour) 6 p m. INJURY OCCURRED While at work ☐ Not while at work ☑ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) MD ADDRESS [illegible] DATE SIGNED 6/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 6-29-53 — NAME OF CEMETERY OR CREMATORY Mt. Rainier, Md. — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. June 29, 1953 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR Valley's Funeral Home — ADDRESS Mt. Rainier Md.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05696

CERTIFICATE OF DEATH

E Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1208 McCulloh Street, Baltimore
STREET ADDRESS (If rural give location) 1208 McCulloh Street

3. NAME OF DECEASED: (Type or Print) (First) Mattie (Middle) (Last) Fletcher
4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 5/6/84
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: William Jones
14. MOTHER'S MAIDEN NAME: Jenny Dixon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — — —
16. SOCIAL SECURITY No.: — — — —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
422.
Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: Several months
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intra-abdominal malignancy

19a. DATE OF OPERATION: — — — —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — — — — —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — — — — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/1, 1953, to 6/9/, 1953, that I last saw the deceased alive on 6/9, 1953, and that death occurred at 1:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert M.D. ADDRESS Crownsville, Md. DATE SIGNED 6/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6/13/53 NAME OF CEMETERY OR CREMATORY Mt. Calvary LOCATION (City, town, or county) Cedar Hill Md. (State)

DATE REC'D BY LOCAL REGISTRAR 6-11-53 REGISTRAR'S SIGNATURE A. W. Hedrick M.H.
24. FUNERAL DIRECTOR W. J. Halstead — ADDRESS 918 — Druid Hill ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05697

CERTIFICATE OF DEATH

Reg. Dist. No. 25

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY A.A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BROOKLYN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 GROVE PARK ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BROOKLYN
STREET ADDRESS (If rural give location) 200 GROVE PARK ROAD

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MARY E. FREEZE

4. DATE OF DEATH: (Month) (Day) (Year) 6/24 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 8/14/85
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN
14. MOTHER'S MAIDEN NAME: KATHERINE HOLMES

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: FAMILY * SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X

Immediate cause (a) cardiac Edema + failure DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) cerebral apoplexia DUE TO

(c)

Interval Between Onset And Death: about 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-20, 1953, to 6-22, 1953, that I last saw the deceased alive on 6-22, 1953, and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED Eugene Schuyler

23. BURIAL, CREMATION, REMOVAL (Specify) B
DATE THEREOF 6/27/53
NAME OF CEMETERY OR CREMATORY GLEN HAVEN
LOCATION (City, town, or county) (State) GLEN BURNIE
DATE REC'D BY LOCAL REGISTRAR 6/26/53
REGISTRAR'S SIGNATURE A W Hedrick JJ
24. FUNERAL DIRECTOR JAMES L. MCCULLY - 130 EAST FORT AVENUE ADDRESS

05698

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY: A.A. — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riva; LENGTH OF STAY (In this place): One day; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia; COUNTY: Nansemond; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R 4; STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) Betty (Middle) Sue (Last) Gardner

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 10/5/33

9. AGE Last birthday: 19 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Franklin, Virginia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joe Henry Gardner

14. MOTHER'S MAIDEN NAME: Mary Edith Camp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mary Edith Gardner, RFD 2, Holland, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Beach. (CITY OR TOWN): A.A.Co (COUNTY): (STATE): MD.

TIME OF INJURY (Month) (Day) (Year) (Hour): 6 25 53 P m. INJURY OCCURRED While at work ☐ Not while at work ☑ HOW DID INJURY OCCUR? While Swimming

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ✓, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title): MD ADDRESS: Annapolis Md DATE SIGNED: 6/26/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: June 28, 1953 NAME OF CEMETERY OR CREMATORY: Box Elder LOCATION (City, town, or county) (State): Nansemond County, Va.

DATE REC'D BY LOCAL REG.: June 26, 1953 REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: B. L. Hopping & Son, Annapolis, Md.

RECEIVED
JUN 29
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05699

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 10 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Con. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Howe (Last) Garner

4. DATE OF DEATH: (Month) June (Day) 26, (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: Sept. 7, 1883
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months 9 Days 19 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Invalid
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Calvert Co., Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo. C. Garner
14. MOTHER'S MAIDEN NAME: Anna A. Denton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: No
17. INFORMANT & ADDRESS: Mrs Edward Harderty - Pr. Frederick, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.0

Immediate cause (a) DUE TO Arteriosclerotic Heart Disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: No.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced multiple arthritis No.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1952, to 6/26, 1953, that I last saw the deceased alive on 6/24, 1953, and that death occurred at 7 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Maurice Klawans, Md ADDRESS Annapolis, Md DATE SIGNED 6/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 28 1953
NAME OF CEMETERY OR CREMATORY Broomes Island Cem.
LOCATION (City, town, or county) (State) Calvert County, Md
DATE REC'D BY LOCAL REGISTRAR 6/27/53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 2 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 65700

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severna Park P.O.
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cypress Creek Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severna Park P.O.
STREET ADDRESS (If rural give location) Cypress Creek Road

3. NAME OF DECEASED: (Type or Print) (First) Karles (Middle) (Last) Goldweis

4. DATE OF DEATH: (Month) June 5 (Day) (Year) 1953

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 18, 1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Boiler Maker (ret.)
10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel
11. BIRTHPLACE (State or foreign country): Latvia (Russia)
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Goldweis
14. MOTHER'S MAIDEN NAME: Ida Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 215-01-3207
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinoma of stomach — Interval Between Onset And Death 1 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) /

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to June 5, 1953, that I last saw the deceased alive on June 5, 1953, and that death occurred at 9:20 P.M., from the causes and on the date stated above.

SIGNATURE Gene L. Tredin (Degree or title) M.D. ADDRESS Severna Park, Md. DATE SIGNED June 6, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 8, 1953
NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery
LOCATION (City, town, or county) Glen Burnie, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6/6
REGISTRAR'S SIGNATURE L. J. DeAlba
24. FUNERAL DIRECTOR R. V. Singleton ADDRESS Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 11 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05701

CERTIFICATE OF DEATH

Reg. Dist. No. 22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Laurel)
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Fort Meade Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Laurel)
STREET ADDRESS (If rural, give location) Old Fort Meade Road

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) (Last) Gorman

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: January 25 1895

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: building construction

11. BIRTHPLACE (State or foreign country): Bridgeport Conn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis Garman

14. MOTHER'S MAIDEN NAME: Matilda —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.: 215-14-8088

17. INFORMANT & ADDRESS: Mrs Mallie Garman Laurel, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

151X

Immediate cause (a) Carcinoma Stomach — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) With Generalized Metastasis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 3 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/17/50

19b. MAJOR FINDINGS OF OPERATION: Carcinoma

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1/52, 1936, to 6/17/53, 1953, that I last saw the deceased alive on 6/16/53, 1953, and that death occurred at 2:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) E M Warren Md ADDRESS Laurel DATE SIGNED 6/17/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF June 19 1953 — NAME OF CEMETERY OR CREMATORY Army Hill Cemetery — LOCATION (City, town, or county) Laurel Md (State)

DATE REC'D BY LOCAL REG. June 19-53 — REGISTRAR'S SIGNATURE Clara Hadley

24. FUNERAL DIRECTOR DeWitt Donaldson — ADDRESS Laurel Md

RECEIVED
JUL 8 1953
BUREAU V. S.

35702

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (In this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 516 N Crain Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE same COUNTY same
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location) same

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) Wolf (Last) Graw
4. DATE OF DEATH (Month) June (Day) 3, (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 10, 1890
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired clerk for PRR
10b. KIND OF BUSINESS OR INDUSTRY railroad
11. BIRTHPLACE (State or foreign country) Elizabeth, New Jersey
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME unk.
14. MOTHER'S MAIDEN NAME unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 717-03-7412
17. INFORMANT AND ADDRESS Miss Betty Graw, 516 N Crain Highway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 - 1

Immediate cause (a) coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cirrhosis of the liver — 12 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above held an Autopsy , Inspection X , Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide , homicide , undetermined .

SIGNATURE Gustav H. Rauber M.D. Deputy (Degree or title) Med Examiner
ADDRESS Glen Burnie, Maryland
DATE SIGNED 3 June 53

DISPOSITION (Burial) Burial
DATE THEREOF June 5, 1953
NAME OF CEMETERY OR CREMATORY Glen Haven
LOCATION (City, town, or county) Glen Burnie, (State) Md.

DATE FILED BY LOCAL REG. June 5, 1953
REGISTRAR'S SIGNATURE L. J. D'Alba
24. FUNERAL DIRECTOR Richard V. Singleton, ADDRESS Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

WAIT ... MAINLY, WITH UNFADING INK. Supply every item of information carefully. ... especially important. Physicians: please write the causes of death clearly and legibly.

05703

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn
LENGTH OF STAY (in this place) 12 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Annapolis Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) (Last) Green

4. DATE OF DEATH (Month) (Day) (Year) 6/15/53 19

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated
8. DATE OF BIRTH Feb. 14, 1874
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired housewife.
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) A. A. Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William E. Wheat
14. MOTHER'S MAIDEN NAME Lucretia C. Uppenco

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Miss Margaret Hogan - Severn Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0

Immediate cause (a) General Arterio-sclerosis - + 3 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY (OR CONTRIBUTING) CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.

SIGNATURE Gustave H. Pauber M.D. (Degree or title) Deputy Medical Examiner ADDRESS Glen Burnie Md. DATE SIGNED 6/15/53

TYPE OF CREMATION (Mark Appropriate) Burial
DATE THEREOF June 18 1953
NAME OF CEMETERY OR CREMATORY London Park
LOCATION (City, town, or county) Balto. Md. (State)

DATE RECORDED BY LOCAL REG. 6/17/53
REGISTRAR'S SIGNATURE A.W. Hedrick Dr K.
24. FUNERAL DIRECTOR R. K. Singleton ADDRESS Glen Burnie Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05704

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 314 Locust Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 314 Locust Ave

3. NAME OF DECEASED: (Type or Print) (First) CLARA (Middle) E (Last) HALL

4. DATE OF DEATH: (Month) JUNE (Day) 19, (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: August 24, 1889
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months 9 Days 25 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Anne Arundel County
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Daniel E. Ward (Foster Son) same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

443X

Immediate cause (a) Hypertensive Cardio Vascular Disease — 10 yrs.
DUE TO

Antecedent cause(s) (b) Arteriosclerosis — unknown
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1953, to June, 1953, that I last saw the deceased alive on 19 June, 1953, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE Edward S. Beck (DEGREE OR TITLE) M.D. ADDRESS 4 Southgate Ave DATE SIGNED 19 June 1953

23. BURIAL, CREMATION REMOVAL, (Specify): Burial
DATE THEREOF June 21, 53
NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemetery
LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. June 21, 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 23 1953
BUREAU

05705

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 7 yrs. 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) W. (Last) Hall
4. DATE OF DEATH: (Month) 6 (Day) 5 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 1875?
9. AGE last birthday: 78? yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) General Paresis — Known to us since 3/15/46

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) DUE TO (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — Known to us since 3/15/46

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1946, to 6/5/, 1953 that I last saw the deceased alive on 6/5, 1953, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stephen Kemp M.D. ADDRESS Crownsville, Md. DATE SIGNED 6/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Remove
DATE THEREOF 6/10/53
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REGISTRAR June 10, 1953
REGISTRAR'S SIGNATURE L. J. D'Alba
24. FUNERAL DIRECTOR Frances Affemsley 578 N Bend St ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 12 1953
KRAUS V. S

05706

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A13

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galesville | LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Estelle (Last) Hartge.

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 1953.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 9, 1882

9. AGE last birthday: 71 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary

10b. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Galesville? Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Enile A. Hartge

14. MOTHER'S MAIDEN NAME: Susan V. Edgar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Ruth Britt, Galesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
170X	Immediate cause	(a) Carcinomatosis	1yr.
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma breast.	6yrs.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 28, 1952, to June 11, 1953, that I last saw the deceased alive on June 10, 1953, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Bowie Lynn Grant M.D. Shady Side, Md. 6-12-53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6/14/53 | NAME OF CEMETERY OR CREMATORY: Quaker | LOCATION (City, town, or county) (State): Galesville, Md.

DATE REC'D BY LOCAL REG.: June 16 1953 | REGISTRAR'S SIGNATURE: Edward Collinson mnt

24. FUNERAL DIRECTOR ADDRESS: T. A. Hardesty & Son, Galesville, Md.

RECEIVED

BUREAU V. S.

C5707

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 17

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park; LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Mights Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park

STREET ADDRESS (If rural, give location) Mountain View Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Annie		Hennie	June 20, 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widow	May 23, 1869	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Germany	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Fearns	Matilda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mr. C. A. Hennie 1230 Walters Ave. Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Senility July 4	1946
794X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Old age	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 13, 1953, to June 20 1953, that I last saw the deceased alive on June 20, 1953 and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
M. K. Willoughby M.D.	Severna Park Md	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 23, 1953	Forst Reformed Church Cemy.	Pomton Plains, N. J.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/22/53	a. w. Hedrick	John O. Mitchell Sons	1900 Eutaw Place

15

VS. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05708

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anna Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Margarets
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Macey's Convl. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 1301 Bay Ridge Ave

3. NAME OF DECEASED: (Type or Print) (First) Dr. DANIEL (Middle) R (Last) HOFFMAN

4. DATE OF DEATH: (Month) JUNE (Day) 20, (Year) 53 19

5. SEX: MALE Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: March 15, 1862

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Veterinarian

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Werner HOFFMAN

14. MOTHER'S MAIDEN NAME: Fredericaka H. KLOTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr Carroll H. Hoffman same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 28 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Gen arteriosclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15, 1953, to 6/20, 1953, that I last saw the deceased alive on 6/20, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. Bromwich MD ADDRESS Annapolis Md DATE SIGNED 6/21/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF June 23, 53

NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. June 22, 1953

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 23 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05709

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: ANNE
STATE MARYLAND — COUNTY ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SEVERNA PARK
STREET ADDRESS (If rural give location) BOX #257, ROUTE #1

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Henry (Last) HOLLIDAY

4. DATE OF DEATH: (Month) JUNE (Day) 5 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: NEGROID

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 3 JUNE 1953

9. AGE last birthday: — — yrs. IF UNDER 1 YEAR Months — Days 2 IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): — — —

10b. KIND OF BUSINESS OR INDUSTRY: — — — —

11. BIRTHPLACE (State or foreign country): ANNAPOLIS, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John (n) HOLLIDAY

14. MOTHER'S MAIDEN NAME: Mildred Deloris WRIGHT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) — — —

16. SOCIAL SECURITY NO.: — — —

17. INFORMANT & ADDRESS: Hospital Records, USNH, Annapolis, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0 Immediate cause (a) ATELECTASIS, PULMONARY, NEONATORUM 762.0 — Interval Between Onset And Death: Since birth

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HEMORRHAGE, SUBARACHNOID, DIFFUSE, DUE TO INJURY AT BIRTH — Since birth

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 June, 1953, to 5 June, 1953, that I last saw the deceased alive on 5, June, 1953, and that death occurred at 3:52 AM, from the causes and on the date stated above.

SIGNATURE W. J. McKirk (Degree or title) W. J. McKIRK, LCDR MC USN — ADDRESS U.S. NAVAL HOSPITAL, ANNAPOLIS, MD. — DATE SIGNED 5 June 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-6-53 — NAME OF CEMETERY OR CREMATORY Brewer Hill — LOCATION (City, town, or county) (State) Annapolis Md.

DATE REC'D BY LOCAL REGISTRAR June 6, 1953 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR — ADDRESS William Reese, U-108 W. Washington St. Annapolis, Md

2063191414

RECEIVED
JUN 9 1953
BUREAU V. S.

1133

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05710

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park P.O. — LENGTH OF STAY (in this place) 42 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1, Box 142 - Round Bay

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park P.O.
STREET ADDRESS (If rural give location) Route 1 Box 142

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) Louise (Last) Howard

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1963

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: May 5, 1864

9. AGE last birthday: 89 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework (ret.)

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country) Frankfurt, Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Zander

14. MOTHER'S MAIDEN NAME: Doretta (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: F. Noble Howard, Round Bay - Severna Park P.O.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1

Immediate cause (a) Cardio. Vascular Disease — 3 years

DUE TO

Antecedent causes (b) Same

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — **19b. MAJOR FINDINGS OF OPERATION** —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 24, 1963, to June 27, 1963, that I last saw the deceased alive on Jun 24, 1963, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE James S. Buckingham (Degree or title) M.D. — ADDRESS 108 Central Ave. Glen Burnie. — DATE SIGNED June

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 27, 1963 — NAME OF CEMETERY OR CREMATORY Glen Haven — LOCATION (City, town, or county) (State) Glen Burnie, Md.

DATE REC'D BY LOCAL REGISTRAR June 27, 1963 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR R.V. Singleton — ADDRESS Glen Burnie, Md.

RECEIVED
JUL 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05711

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 40 Munroe St.

3. NAME OF DECEASED: (Type or Print) (First) Martin (Middle) Thomas (Last) Jackson, Sr.
4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: Nov-19-1886
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Post Office
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Jackson
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: M. T. Jackson, Jr. Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 581.0 (a) Bronchial pneumonia left lower lobe — Interval Between Onset And Death: 2 days.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Acute pulmonary edema — 2 days
DUE TO (c) Cirrhosis Liver — unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ventral Hernia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6.21, 1953, to 6.23, 1953, that I last saw the deceased alive on 6.23, 1953, and that death occurred at 6 30 AM from the causes and on the date stated above.

SIGNATURE George C. Basil (Degree or title) M.D. ADDRESS Annapolis Md DATE SIGNED 6.26.53

23. BURIAL, CREMATION, ~~REMOVAL~~, (Specify) DATE THEREOF June 26-53 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR June 26, 1953 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
JUN 29 1953

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6712

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shadyside; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shadysion Maryland; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ollou (Middle) L. (Last) Jenkins.

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1953.

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 12-12-1869

9. AGE last birthday: 83 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wholesale Grocer

10b. KIND OF BUSINESS OR INDUSTRY: GROCER

11. BIRTHPLACE (State or foreign country): [redacted] MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Jenkins

14. MOTHER'S MAIDEN NAME: Anne Goodell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs Ferdinand Weems Shady Side Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

I20.0

Immediate cause (a) Myocardial infarction — Interval between onset and death: 6 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — 2 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1952, to June 5, 1953, that I last saw the deceased alive on June 5, 1953, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bowie Lois Grant M.D. Shadyside, Md. 6.7.53.

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6-8-53 NAME OF CEMETERY OR CREMATORY Glen Haven Memorial LOCATION (City, town, or county) Glen Burnie (State) Md

DATE REC'D BY LOCAL REG. June 8, 1953 REGISTRAR'S SIGNATURE J. B. Dent.

24. FUNERAL DIRECTOR John W. Taylor Sons ADDRESS Annapolis Md.

RECEIVED
JUN 11 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05213

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel STATE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 5 yrs. 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) Estelle (Middle) (Last) Johnson
4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 19 53

5. SEX: F
6. COLOR OR RACE: N egro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1/31/06
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Sewing
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George H. Johnson
14. MOTHER'S MAIDEN NAME: Katherine (Last name unknown)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) — — —
16. SOCIAL SECURITY No.: — — — —
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Chronic Brain Syndrome Associated with C. N. S. Known to us since 4/12/48
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — — — —
19b. MAJOR FINDINGS OF OPERATION — — — — — — — — — — — — — — — — — —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — — — — — —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — — — —
(CITY OR TOWN) (COUNTY) (STATE) — — — — — — — — — — — —

TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — — — — — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? — — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 2/1, 19 53, to 6/7, 19 53, that I last saw the deceased alive on 6/7, 19 53, and that death occurred at 10:05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold M. Eichert M.D. ADDRESS Crownsville, Md. DATE SIGNED 6/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 10, 1953
NAME OF CEMETERY OR CREMATORY Mt Auburn
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 6/8/53
REGISTRAR'S SIGNATURE A W Hardesty JT

24. FUNERAL DIRECTOR Geo. G. Kelson
ADDRESS 1303 Presstman St.
Geo. G. Kelson

Item 21 Film G154 6-16-53 ams

05714

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Thompson St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 831 Spa. Road

3. NAME OF DECEASED (Type or Print) (First) Roland (Middle) C. (Last) Johnson
4. DATE OF DEATH (Month) June (Day) 6 (Year) 1953
5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S.
8. DATE OF BIRTH 5-5-1944
9. AGE last birthday 9 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Napoleon B. Adams
14. MOTHER'S MAIDEN NAME Lillian Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Lillian Johnson - Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8 Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) River (CITY OR TOWN) Annapolis (COUNTY) Anne Arundel (STATE) Md
TIME OF INJURY (Month) 6/6/53 (Day) (Year) (Hour) 5:45 p. m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? drowned while playing in water

22. *I certify that I took charge of the remains described above, held an Autopsy* Partial ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE William V. Lovett (Degree or title) MD ADDRESS Asst Medical Examiner DATE SIGNED 6-7-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-10-53
NAME OF CEMETERY OR CREMATORY Brewer Hill
LOCATION (City, town, or county) Annapolis (State) Md.
DATE REC'D BY LOCAL REG. 6/8/53
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR William Reese ADDRESS 108 W. Washington St. Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. PRINT PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gibson Island. MARYLAND. LENGTH OF STAY (in this place) 2 yrs. HOSPITAL OR INSTITUTION OR STREET ADDRESS mouth of magothy River / Bell Buoy, not

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore. STREET ADDRESS (If rural, give location) 2216 - Rosedale St.

3. NAME OF DECEASED (Type or Print): (First) Wilbord (Middle) Gilbert (Last) Johnson

4. DATE OF DEATH: (Month) 6/7/53 (Day) (Year) 19

5. SEX: male

6. COLOR OR RACE: Colored.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH

9. AGE last birthday: 33 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Draughtsman

10b. KIND OF BUSINESS OR INDUSTRY: Naval Ord

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Johnson

14. MOTHER'S MAIDEN NAME: Elizabeth Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Irma M. Johnson 2216 Rosedale St. Balto 24

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Accidental Drowning — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) .....

(c) .....

E171.3

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. WAS FATAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Magothy River. (CITY OR TOWN) Gibson Island. (COUNTY) A.A. (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or Title) Lawrence K. Pumphrey M.D. Deputy Medical Examiner

ADDRESS Glen Burnie Md.

DATE SIGNED 6/11/53

CREMATION APPROVAL (Signed) Examiner

DATE THEREOF 6/12/53

NAME OF CEMETERY OR CREMATORY Edlis Funeral Home

LOCATION (City, town, or county) 5501 Frederick Rd (State)

DATE REC'D BY LOCAL REG. 6/12/53

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR AND ADDRESS Joseph G. Edlis 1304 N. Carlton (Apt)

VT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05716

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY [illegible]
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pasadena
STREET ADDRESS (If rural give location) Box 444 Old Annapolis Rd.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Lee (Last) Jones Jones
4. DATE OF DEATH: (Month) June (Day) 2nd (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Sept. 22 - 1891
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months 9 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Butcher
10b. KIND OF BUSINESS OR INDUSTRY: Meat Park
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: John Jones
14. MOTHER'S MAIDEN NAME: Isabelle Sipes (SIPES)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 212-05-2128
17. INFORMANT & ADDRESS: Anna M. Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X

Immediate cause (a) Coronary occlusion — Interval Between Onset And Death: 30 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchial asthma — 10 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1952, to June, 1953, that I last saw the deceased alive on June 27, 1953, and that death occurred at 4 P.M. from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS Severna Park Md DATE SIGNED June 27 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 30 53
NAME OF CEMETERY OR CREMATORY Glen Haven
LOCATION (City, town, or county) (State) Ca. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 6/29/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS 1300 Eastern Rd -17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05717

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY A.A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HARUNDALE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HARUNDALE
STREET ADDRESS (If rural give location) 1809 LANSING RD.

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) (Last) KRAMER

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: JULY 17, 1889
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME.
11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN KEGEL
14. MOTHER'S MAIDEN NAME: BARBARA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: WILBERT KRAMER SAME.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X Immediate cause (a) Nephritis, Chronic
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
26X (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus, Hypertension,

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1952 to June 1953, that I last saw the deceased alive on June 28, 1953, and that death occurred at 12 noon, from the causes and on the date stated above.

SIGNATURE Charles R. MacDonald MD (Degree or title) ADDRESS 224 Crain Hwy, Glen Burnie, Md DATE SIGNED 6-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 7-2-53.
NAME OF CEMETERY OR CREMATORY MT. CARMEL CEM.
LOCATION (City, town, or county) (State) 5712 O'DONNELL ST. BALTO. MD
DATE REC'D BY LOCAL REGISTRAR 6/30/53
REGISTRAR'S SIGNATURE [signature] Dmn.
24. FUNERAL DIRECTOR Charles S. Zeiler ADDRESS 901 S. CONKLING ST. BALTO., 24, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05718

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wardour
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 113 Wardour Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wardour
STREET ADDRESS (If rural give location) 113 Wardour Drive

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) Rainey (Last) Lacey

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: Sept. 2, 1887

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: James Rainey

14. MOTHER'S MAIDEN NAME: Ida Miller

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Douglas Lacey - Same As Above

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma of Ascending colon with extensive metastases — Interval Between Onset And Death: ± Dec 1952

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ± Dec 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of ascending colon with metastases

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to June 3, 1953, that I last saw the deceased alive on 2 June, 1953, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Donald Hunter M.D. 90 Cathedral St. Annapolis, Md 5 June 53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF 6-6-1953 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Laceyville Pa.

DATE REC'D BY LOCAL REGISTRAR June 3, 1953. REGISTRAR'S SIGNATURE J. C. O'Donnell

24. FUNERAL DIRECTOR John M. Taylor & Son ADDRESS Annapolis, Md.

VS. A15

RECEIVED
JUN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05719

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riva
STREET ADDRESS (If rural give location) Riva Post Office

3. NAME OF DECEASED: (Type or Print) (First) BOBBIELYNN (Middle) (Last) LEE

4. DATE OF DEATH: (Month) JUNE (Day) 24, (Year) 53 19

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: March 5, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 3 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): ----
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Annapolis, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arthur Lee Jr.
14. MOTHER'S MAIDEN NAME: Edith May Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ---- (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT & ADDRESS: Mr Arthur Lee Jr, Father same as # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

057.1

Immediate cause (a) Meningococcemia DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 24 hours

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/24, 1953, to 6/24, 1953, that I last saw the deceased alive on 6/24, 1953, and that death occurred at 12 18 PM, from the causes and on the date stated above.

SIGNATURE Philip Briscoe (Degree or title) M.D. ADDRESS 212 Pr. George Annapolis DATE SIGNED 6/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 25, 53
NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REGISTRAR June 25, 1953
REGISTRAR'S SIGNATURE [signature]
2033273405

24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

RECEIVED
JUN 29 1953
BUREAU V. S.

05720

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deale — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Anne Arundel — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deale Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Clayton (Middle) Wm (Last) Linkins
4. DATE OF DEATH (Month) (Day) (Year): June 25 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): X
8. DATE OF BIRTH: Nov 1 1888
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Cap Trans.
11. BIRTHPLACE (State or foreign country): Washington D C
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Peter T Linkins
14. MOTHER'S MAIDEN NAME: Annie Mercer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Pauline C Linkins Deale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4231 Immediate cause (a) Myocandial infarction

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) heart failure — 24 hrs.

(c) Anterscleroti candio vasculan disease.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5.10.53, 19....., to 6.25, 1953, that I last saw the deceased alive on 6.25.53, 19....., and that death occurred at 6 30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Bowie Linn Grant MD. — ADDRESS: Shady Side Md. — DATE SIGNED: 6.25.53

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 6/25/53 — NAME OF CEMETERY OR CREMATORY: Washington Natl Chambers Funeral Home — LOCATION (City, town, or county) (State): Suitland, Md Washington D.C.

DATE REC'D BY LOCAL REG.: June 27-53 — REGISTRAR'S SIGNATURE: J. B. Dent — 24. FUNERAL DIRECTOR: Chamber — ADDRESS: 5171 St SE Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05721

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING — WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Ann Arundle — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Linthicum
LENGTH OF STAY (in this place) 14 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Louise Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Linthicum
STREET ADDRESS (If rural give location) 5 Louise Ave.

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) ELIZABETH (Last) MACCUBBIN

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: 14 Jan 1915

9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Never Employed

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Stanley Bryan MacCubbin

14. MOTHER'S MAIDEN NAME: Mary Boswell

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs Webster — 5 Louise Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic glomerular nephritis — 6 yrs
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Jan, 1951, to 3 June, 1953, that I last saw the deceased alive on 2 June, 19 53, and that death occurred at 2:50 A.M., from the causes and on the date stated above.

SIGNATURE: William Jodman — (Degree or title) M D — ADDRESS: 1334 Sulphur Spring Rd, Baltimore 27, Md. — DATE SIGNED: June 5, 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/5/53 — NAME OF CEMETERY OR CREMATORY: Maryland Park Cemetery — LOCATION (City, town, or county) (State): Parkville, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6/5/53 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR — ADDRESS: Wm. Cook, Inc., 1217 St. Paul St.

VS. A15

C5722

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Joyce
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Joyce
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Owen (Middle) Stanley (Last) Makell

4. DATE OF DEATH: (Month) 6 (Day) 24 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 6-20-1896
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Churchton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Makell
14. MOTHER'S MAIDEN NAME: Rosette Bodley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 212-15-9[illegible]
17. INFORMANT & ADDRESS: Pauline Makell-Joyce, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155X

Immediate cause (a) Primary Carcinoma of liver — Interval Between Onset And Death 1½ months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22, 1953, to June 24, 1953, that I last saw the deceased alive on June 24, 1953, and that death occurred at 9:30 AM, from the causes and on the date stated above.

SIGNATURE R. K. Richardson (Degree or title) M.D. ADDRESS 110 - Clay St. Cumpli DATE SIGNED 6/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-28-1953
NAME OF CEMETERY OR CREMATORY Franklin Chapel
LOCATION (City, town, or county) Churchton, Md. (State)

DATE REC'D BY LOCAL REGISTRAR June 27, 1953
REGISTRAR'S SIGNATURE [illegible] O'Brien

24. FUNERAL DIRECTOR William Reese, II - 1082 Washington St. Annapolis, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (1)

RECEIVED
JUL 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05723

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Herald Harbor
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gambrills
STREET ADDRESS (If rural, give location): Waugh Chapel Rd.

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) L (Last) MARSH JR
4. DATE OF DEATH: (Month) JUNE (Day) 21, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 14, 1921
9. AGE last birthday: 32 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mech.
10b. KIND OF BUSINESS OR INDUSTRY: Plastic Plant
11. BIRTHPLACE (State or foreign country): Fort Meade, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter L. Marsh
14. MOTHER'S MAIDEN NAME: Elizabeth Pokorny

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Elizabeth P. Marsh 908 N. Madeira Stree Baltimore, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

929.8 **Immediate cause** (a) DROWNING — INTERVAL BETWEEN ONSET AND DEATH:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY (OR CONTRIBUTING) CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Beach.
(CITY OR TOWN): A.A.Co
(COUNTY): MD
(STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): 6 21 53 P m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? While Swimming

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title): MD ADDRESS: Annapolis Maryland DATE SIGNED: 6/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 25, 1953
NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 6/24/53
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR ADDRESS: Schirmer Funeral Home, Inc. 2601-3-5 E. Madison St.

VS-AFDA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05724

CERTIFICATE OF DEATH

Reg. Dist. No. 27

03-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 637 N. Bend Road

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) McColgan

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 10 June 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): -
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: August Thomas McColgan
14. MOTHER'S MAIDEN NAME: Mary E. Brown

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: -
17. INFORMANT & ADDRESS: Mother Mrs. Mary E. McColgan 637 N. Bend Rd., Catonsville, Md-28

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5
Immediate cause (a) Exmaturity
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Atelectasis
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10 1953, to June 18, 1953, that I last saw the deceased alive on 18 June, 19 53, and that death occurred at 0300, from the causes and on the date stated above.

SIGNATURE (Degree or title) William Tennent Platt, M.C.
ADDRESS
DATE SIGNED 18 June 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 19 June 53
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REGISTRAR 19 June 53
REGISTRAR'S SIGNATURE T. A. GORDON, CWO, USA
24. FUNERAL DIRECTOR Juno J. Fahey, & Sons, 131 Light St. Baltimore, Md.
ADDRESS

2063314302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
JUN 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05725

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 Pleasant St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS 79 Pleasant St. (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) (Last) McGowan
4. DATE OF DEATH: (Month) 6 (Day) 1 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Oct. 15, 1883
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Naval Acad
11. BIRTHPLACE (State or foreign country): Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Thomas McGowans
14. MOTHER'S MAIDEN NAME: Mary Hammond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT & ADDRESS: Helen J. McGowans-Anna. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardio-Renal Disease — 2 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1951 to June 1, 1953, that I last saw the deceased alive on June 1, 1953, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

SIGNATURE Rob. Richardson (Degree or title) M.D. ADDRESS Annapolis, Md. DATE SIGNED 6/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-6-53
NAME OF CEMETERY OR CREMATORY Brewer Hill
LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 6, 1953
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR William Reese, II-108 W. Washington St. Annapolis, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 9 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05726

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A.Co
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis, Md
STREET ADDRESS (If rural give location) 1205 Popular Ave

3. NAME OF DECEASED: (Type or Print) (First) Lawrence (Middle) L. (Last) Merrill Sr.
4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: July 26, 1896
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: County Goverment
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William E. Merrill
14. MOTHER'S MAIDEN NAME: Eva May Lester

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES ✓ (If Yes, give war or dates of service) W.W.I.
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Ethel B. Merrill 1205 Popular Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary Thrombosis with — Interval Between Onset And Death: 10 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocardial Infarction —
DUE TO
(c) Hypertensive Vascular Disease — Several years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis (Interstitial) — Several years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1953, to June 2, 1953, that I last saw the deceased alive on June 2, 1953, and that death occurred at 2 pm, from the causes and on the date stated above.
SIGNATURE George C. Basil (Degree or title) M. D. ADDRESS Annapolis Md DATE SIGNED 6-5-53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF June 5, 1953 NAME OF CEMETERY OR CREMATORY Annapolis National LOCATION (City, town, or county) (State) Annapolis Md.
DATE REC'D BY LOCAL REGISTRAR June 5, 1953 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor & Sons ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUN 9 1953
BUREAU V. S.

05727

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A.A. CO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Annapolis Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 1523 N. Stricker St

3. NAME OF DECEASED (Type or Print) (First) Fred (Middle) Lee (Last) Montgomery
4. DATE OF DEATH (Month) 6 (Day) 10 (Year) 1953
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 12/25/02
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Construction Co.
11. BIRTHPLACE (State or foreign country) N. C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thos. Montgomery
14. MOTHER'S MAIDEN NAME Caroline Lawson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 212-07-7967
17. INFORMANT AND ADDRESS Eliz. Hicks 1523 N. Stricker St

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42 1.1

Immediate cause (a) Coronary disease. — Interval Between Onset and Death: Sudden.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway.
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) 6 (Day) 10 (Year) 53 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. Lenhardt (Degree or title) MD ADDRESS Annapolis, Maryland DATE SIGNED 6-10-53.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/14/53
NAME OF CEMETERY OR CREMATORY Mt Auburn
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 6/12/53
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Geo. G. Kelson ADDRESS 1303 Cresstman St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05728

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severna Park
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.O.Box 538

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severna Park
STREET ADDRESS (If rural give location) Box 538

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) o. (Last) Nalley

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: April 20,1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Sales lady (Retd)
10b. KIND OF BUSINESS OR INDUSTRY: May Co., Balto
11. BIRTHPLACE (State or foreign country): Baltimore County, Md.
12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME: Randolph Slade
14. MOTHER'S MAIDEN NAME: Alverta Morison

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---------
16. SOCIAL SECURITY No.: 220-18-7180
17. INFORMANT & ADDRESS: Mrs. George B. Mosner, Severna Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X Immediate cause (a) Cardio-Vascular Disease — Interval Between Onset And Death: 6 month.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chronic Interstitial Nephritis — 4 year.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan ,1948, to June 10, 1953, that I last saw the deceased alive on June 9, 1953, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE James S. Billingsley M.D. (Degree or title) ADDRESS 108 Central Ave. DATE SIGNED Glen Burnie Md June 10.1953

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF June 12,53
NAME OF CEMETERY OR CREMATORY Louden Park Cemetery
LOCATION (City, town, or county) Baltimore, (State) Maryland
DATE REC'D BY LOCAL REGISTRAR June 12, 1953
REGISTRAR'S SIGNATURE L. J. D'Alba
24. FUNERAL DIRECTOR Thomas W. Singleton, ADDRESS Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH: COUNTY A. A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elvaton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elvaton
STREET ADDRESS (If rural, give location) Millersville P. O. A. A. Co., Md.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) JOHN (Last) PANKHURST
4. DATE OF DEATH (Month) June (Day) 16, (Year) 19 53

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed
8. DATE OF BIRTH Mar. 23, 1874
9. AGE last birthday 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sexton
10b. KIND OF BUSINESS OR INDUSTRY Church
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME Henry Edward Pankhurst
14. MOTHER'S MAIDEN NAME Mary Ann Marsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. Henry J. Pankhurst-4311 W. Franklin St. Richmond, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443x

Immediate cause (a) Cardiac Insufficiency

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10 1938 to June 16, 1953, that I last saw the deceased alive on June 16, 1953, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Mr Pillowsley. Md. Lorraine Park June 16 53 Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/19/53
NAME OF CEMETERY OR CREMATORY: Meadowridge Mem. Pk.
LOCATION (City, town, or county) (State): Elkridge, Md.

DATE REC'D BY LOCAL REG. 6/17/53
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm. J. Dickener & Sons ADDRESS Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05730

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Riverdate
STREET ADDRESS (If rural give location) 5412 55 Place

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Parker
4. DATE OF DEATH: (Month) 6 (Day) 14 (Year) 19 53
5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.
8. DATE OF BIRTH: 1893?
9. AGE last birthday: 60? yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: - - - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: John Redd
14. MOTHER'S MAIDEN NAME: Mariah Redd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - - - -
16. SOCIAL SECURITY NO.: - - - - -
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cerebral Hemorrhage — 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Arteriosclerosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome associated with Cerebral Arteriosclerosis — Known to us since 2/13/53

19a. DATE OF OPERATION: - - - -
19b. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - - - -
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - - - - - -
(CITY OR TOWN) (COUNTY) (STATE) - - - - - - - - - - - -
TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - - - m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? - - - - - - - - - - - - - - - - -

22. I hereby certify that I attended the deceased from 2/13 19 53, to 6/14 19 53, that I last saw the deceased alive on 6/14 19 53, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold N. Eichert M.D. — ADDRESS Crownsville, Md. — DATE SIGNED 6/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 6-16-53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Washington DC

DATE REC'D BY LOCAL REGISTRAR June 16 1953 — REGISTRAR'S SIGNATURE K M. Joe

24. FUNERAL DIRECTOR James & Mathews — ADDRESS 614-4th St. SE

1953

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M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 36 Cornhill Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis,
STREET ADDRESS (If rural, give location) 36 Cornhill St.

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Ellen (Last) Parker
4. DATE OF DEATH (Month) 6 (Day) 18 (Year) 1953
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 7-8-1876
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Mr. Jenkins
14. MOTHER'S MAIDEN NAME Sarah Ann Boyd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Eva Parker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis
(c)

INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1953, to June 18, 1953, that I last saw the deceased alive on June 17, 1953, and that death occurred at 1:10 A m., from the causes and on the date stated above.

SIGNATURE R. L. Richardson MD (Degree or title) ADDRESS 110 - Elg & Arm of Ad DATE SIGNED 6/18/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-21-53
NAME OF CEMETERY OR CREMATORY Brewer Hill
LOCATION (City, town, or county) Annapolis, Md (State)

DATE REC'D BY LOCAL REG. June 21, 1953
REGISTRAR'S SIGNATURE [signature] - O. Omach
24. FUNERAL DIRECTOR William Lesse, M - 108 N. Washington St. Annapolis, Md.
ADDRESS

RECEIVED
JUN 24 [illegible]
BUREAU V. S.

Item 18 Film G155 6-24-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05732

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis,

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 24 Wardour Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis

STREET ADDRESS (If rural, give location): 24 Wardour Drive

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
CAROLINE	SANDROCK	PICKERT	JUNE 13, 1953 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	January 12, 1871	82 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House wife	own home	Baltimore, Maryland	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Julius Pickert	Soffie Kindervatter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	no	none	Mrs Lysle S. Parlett Daughter same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

175X

Immediate cause (a) Generalized Carcinomatosis — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last: (b) Primary site: Probably Ovarian — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Urinary Infection unknown

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 1 day, to June 13, 1953, that I last saw the deceased alive on June 13, 1953, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Edgar C Boil	M.D	Annapolis Md	6-15-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 16, 53	Louden Park Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 16, 1953	[signature]	Ben L. Hopping and Son	Annapolis, Md.

VS Art

RECEIVED
JUN 17
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05733

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 1yr. 28dys.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: Easton
STATE Maryland COUNTY Tolbert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 115 Hanson St. Easton Md.
STREET ADDRESS (If rural give location) 115 Hanson St.

3. NAME OF DECEASED: (Type or Print) (First) Theadore (Middle) (Last) Poncy

4. DATE OF DEATH: (Month) 6 (Day) 6 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2-21-1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waiter
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Poncy
14. MOTHER'S MAIDEN NAME: —

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16 SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Generalized Arteriosclerosis

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: Known to us since Admission

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ~~Yes~~

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-9, 1952, to 6-6, 1953, that I last saw the deceased alive on 6-6, 1953, and that death occurred at 8 [illegible], from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-9-53
NAME OF CEMETERY OR CREMATORY Richardson Cemetery
LOCATION (City, town, or county) Easton, (State) Md.
DATE REC'D BY LOCAL REGISTRAR June 13 1953
REGISTRAR'S SIGNATURE K M [illegible]
24. FUNERAL DIRECTOR James [illegible] Oakhill
ADDRESS Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05734

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Annapolis Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 3604 Parkside Drive

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
MARY	E.	POPPLE	June	19,	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	October 25, 1867	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	New York	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Alexander Collins	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		John C. Popple, 3604 Parkside Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4.22.1

Immediate cause (a) Acute Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Ch Degenerative Heart disease — DUE TO

(c) Hypertension.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M.		

22. I hereby certify that I attended the deceased from 3/21, 1953 to 6/3, 1953, that I last saw the deceased alive on 6/3, 1953 and that death occurred at 3.4 m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
A. H. Hornstein	M.D.	204 E. Biddle St	6/19/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	6/22/53	New Cathedral Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 20 1953	R.W.	Wm. Cook, Inc.,	1217 St. Paul Street

Personal dat : hone call from funeral director 6/9/53 L
Ite . 21 11 G.14 6-16-53 ams

05735

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH- COUNTY: NE ARUNDEL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: DC COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 4 LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: H[illegible]N - 111 [illegible]ttington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: [illegible]	STREET ADDRESS (If rural, give location): Place NE

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) (Last) Price			4. DATE OF DEATH (Month) 6 (Day) 6 (Year) 1953		
5. SEX	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: 3-1-22	9. AGE last birthday: 31 [illegible] yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]	10b. KIND OF BUSINESS OR INDUSTRY: at home		11. BIRTHPLACE (State or foreign country): Washington DC	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME: ANGELO WILLIAMS			14. MOTHER'S MAIDEN NAME: UNKNOWN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS: [illegible]: Bennie Price 1118 Whittington Place NE		

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

824X Immediate cause (a) Skull Fracture

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Contusion of Brain

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) highway	Rte 424 (CITY OR TOWN) north of Rte 214 (COUNTY) Anne Arundel (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6/6/53 9:00 A m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? had been drinking - opened door and jumped out of truck

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William V Lovitt	MD Asst Medical Examiner		6-7-53

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL TO	DATE THEREOF	NAME OF CEMETERY OR CREMATORY: [illegible] CE[illegible]	LOCATION (City, town, or county) (State): WASHINGTON DC
DATE REC'D BY LOCAL REG. 6-9-53	REGISTRAR'S SIGNATURE: A.W. Hedrick M.H.	24. FUNERAL DIRECTOR: Henry S Washington & Sons	ADDRESS: 467 N sl. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

05736

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis — LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Weems Creek
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General	STREET ADDRESS (If rural give location) 103 Arundel Place

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) D. (Last) PYLE

4. DATE OF DEATH: (Month) 6 (Day) 28 (Year) 1953

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: 4-19-1881 — 9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Interior Decorator — 10b. KIND OF BUSINESS OR INDUSTRY: PAINTING — 11. BIRTHPLACE (State or foreign country): Wilmington Del. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Reese R. Pyle — 14. MOTHER'S MAIDEN NAME: Rosa H. Boardon

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: 216-32-0918 — 17. INFORMANT & ADDRESS: Mrs Annie W. Pyle Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0

Immediate cause (a) Arterio Sclerotic Heart Disease — Several years.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized Arterio Sclerosis — Several years.

DUE TO (c) Chronic Interstitial Nephritis — 3 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr Prostatic Hypertrophy — 3 years

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1953, to June 28, 1953, that I last saw the deceased alive on June 28, 1953, and that death occurred at 5 PM, from the causes and on the date stated above.

SIGNATURE George C Basil (Degree or title) M D. — ADDRESS Annapolis Md — DATE SIGNED June 30 53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 7-1-53 — NAME OF CEMETERY OR CREMATORY Hillcrest Memorial — LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR July 1, 1953 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR John M. Taylor Sons — ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 2 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05737

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A A — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 30 Maryland Ave

3. NAME OF DECEASED: (Type or Print) First: Nancy Middle: Lane Last: Pegg

4. DATE OF DEATH: (Month) 6 (Day) 30 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: 8-30-1878

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, [redacted] Home

10b. KIND OF BUSINESS OR INDUSTRY: House wife

11. BIRTHPLACE (State or foreign country): Annapolis

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas C. Walton

14. MOTHER'S MAIDEN NAME: Kate L. Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No: —

17. INFORMANT & ADDRESS: (Records) R. S. Price Annapolis Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease. — Interval Between Onset And Death: Several years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Senility and Cerebral — Several

DUE TO

(c) Arteriosclerosis — years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to June 30, 1953, that I last saw the deceased alive on June 30, 1953, and that death occurred at 6.20 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) George C. Bond M.D. — ADDRESS Annapolis Md — DATE SIGNED 6.30.53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF July 2 53 — NAME OF CEMETERY OR CREMATORY Ft Lincoln Cem Co — LOCATION (City, town, or county) (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 1, 1953 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR John M. Taylor Son — ADDRESS Annapolis Md

VS. 15

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BUREAU V. S.

05738

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge

STREET ADDRESS (If rural, give location) 6436 Old Washington Blvd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HOWARD	CLINTON	RING	June	9	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Sept. 22, 1887	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Florist- Retired	Florist	A. A. Co. Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Ring	Elizabeth King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	216-01-6299-A	Mrs. Ella. A. Ring Above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

823x Immediate cause (a) Fracture of pelvis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple comminuted fractures, left lower extremities

(c) Crushing injury of chest

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Highway	Route 50 - Anne Arundel	-	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
June 7, 1953 7:00 a.m.		Auto ran into tree

22. *I certify that I took charge of the remains described above, held an Autopsy* X *, Inspection* ☐ *, Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐ *accident* X *, suicide* ☐ *, homicide* ☐ *, undetermined* ☐ *.*

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
William Hoard	Ass't. Medical Examiner-700 Fleet St.-Balto. 2,Md.	6/9/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/11/53	Meadowridge Memorial Cem.	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6/10/53	a. w. Hedrick	Wm. J. Tickner & Sons, Inc. Balto. md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05739

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethlehem
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deale
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) Augustus (Last) Rogers

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Widowed	Oct 19 1864	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Waterman and Farmer		Md.	U.S.A.

13. FATHER'S NAME: Frederick Rogers

14. MOTHER'S MAIDEN NAME: Josephine Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

332X

Immediate cause (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) arteriosclerosis (general)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from June, 19 39, to June 19, 19 53, that I last saw the deceased alive on June 19, 19 53, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

SIGNATURE Emily H. Wilson, (DEGREE OR TITLE) M.D. ADDRESS Lothian, Md DATE SIGNED 6-20-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-22-53	Private Family Cemet.	Deale, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 22, 1953	Eleanor Hunt Williams	B. L. Hopkins & Son	Annapolis, Md.

RECEIVED
JUN 25 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05740

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY A. A. Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum — LENGTH OF STAY (In this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Andover Farm.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Shipley. Md Linthicum

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 hrs.: Hours / Min.
Clinton N. Root Jr.	6 17 1953	M.	Col.	Single	Jan 1 1880	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farm	Labor.	Caroline Co Va	

13. FATHER'S NAME: Jerry Roots

14. MOTHER'S MAIDEN NAME: Fannie Young.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Susie Satterfield Washington D.C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
443X Immediate cause	(a) Cardio-Vascular Disease	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arterio-Sclerosis & Hypertension	5-6 yrs
	DUE TO (c) Arthritis	8 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED: While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 6/3/53, 19....., to 6/17....., 1953, that I last saw the deceased alive on 6/17/53, 19....., and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Chas. L. Bacon Jr. — ADDRESS Linthicum — DATE SIGNED 6/17/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	ADDRESS
Burial	6/20/53	Mt Calvary Cem	A.A. Co Md	

DATE REC'D BY LOCAL REG. June 20 1953 — REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR — Rayner Sanders — 217 E. Preston St

Item 18&21 Film G158 9-14-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 65741

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Crownsville
LENGTH OF STAY (in this place): 7½ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ironsides
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Janie (Middle) C. (Last) Sanders

4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Sam Dent

14. MOTHER'S MAIDEN NAME: Hope Ann Dent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - - - - -

16. SOCIAL SECURITY No.: - - - - -

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 491X (a) (Hypostatic) Bronchopneumonia — Interval Between Onset And Death:

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Part II Fracture of neck of left femur — 5/13/53
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome associated with Senile Brain Disease — Known to us since 10/16/52

19a. DATE OF OPERATION: - - - - -

19b. MAJOR FINDINGS OF OPERATION: Smith Patterson nail applied for open reduction at Univ Hosp.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) - - - - - - -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - -

(CITY OR TOWN) (COUNTY) (STATE) - - - - - - - - - - - - - - - - - -

TIME OF INJURY (Month) (Day) (Year) (Hour) - - 5/13/53 - - - - m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? - - - - - - - - - - - - - - - - - -

22. I hereby certify that I attended the deceased from 2/1 ..., 19 53, to 6/7 ., 19 53., that I last saw the deceased alive on 6/7 ..., 19 53, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold H. Eichert, M.D. — ADDRESS: Crownsville, Md. — DATE SIGNED: 6/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 6-10-53 — NAME OF CEMETERY OR CREMATORY: Mt. Hope — LOCATION (City, town, or county) (State): Charles Co —

DATE REC'D BY LOCAL REGISTRAR: 6/8 — REGISTRAR'S SIGNATURE: K.W. Joyce — 24. FUNERAL DIRECTOR: Johnson & Jenkins — ADDRESS: 2053 Georgia Ave. - Mt. Rainier

RECEIVED
JUN 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05742

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Annapolis~~ Edgewater Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~A.A. General~~

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) (Last) Severn

4. DATE OF DEATH: (Month) 6 (Day) 28 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Feby 24th 1858
9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Home
10b. KIND OF BUSINESS OR INDUSTRY: House wife
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Andrew F Ott. Edgewater Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — 10 yrs.

DUE TO (c) Senility

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to June 28, 1953, that I last saw the deceased alive on June 28, 1953, and that death occurred at 6 00 A, from the causes and on the date stated above.

SIGNATURE Jane R. Martin (Degree or title) M.D. ADDRESS Annapolis Md. DATE SIGNED 6-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7-1-53 NAME OF CEMETERY OR CREMATORY Holy Redeemer LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 1, 1953 REGISTRAR'S SIGNATURE Edward Collinson 24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1953
BUREAU V. S.

05743

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY A.A.Co 2102 Eastway Harundale MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A A. Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harundale - Glen Burnie
STREET ADDRESS (If rural, give location) 2102 Eastway

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) ANN. (Last) SHAULIS
4. DATE OF DEATH (Month) 6 (Day) 12 (Year) 1953
5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb 22-1924
9. AGE last birthday 29 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWN HOME
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Ernest R. Carter
14. MOTHER'S MAIDEN NAME Lillian E Redmond
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT Lillian E. Carter. 1731 Homestead St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

117. Immediate cause (a) GUNSHOT WOUNDS OF CHEST

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HEMOTHORAX, LEFT

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 6/12 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☒.

SIGNATURE Joseph A. Jachimczyk (Degree or title) M.D. ADDRESS Asst. Medical Examiner 700 Fleet St. Baltimore DATE SIGNED 6-13-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-16-53
NAME OF CEMETERY OR CREMATORY Brownsville
LOCATION (City, town, or county) (State) Brownsville Va
DATE REC'D BY LOCAL REG. 6/15/53
REGISTRAR'S SIGNATURE H. W. Redmond
24. FUNERAL DIRECTOR Williams Cook Inc ADDRESS 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M

T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05744

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (in this place): 13½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Baltimore City
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): 203 Fremont Avenue

3. NAME OF DECEASED: (First) Daisy (Middle) (Last) Smith
4. DATE OF DEATH: (Month) 6 (Day) 10 (Year) 19 53
5. SEX: F
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1894?
9. AGE last birthday: 59? yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: George Morris
14. MOTHER'S MAIDEN NAME: Vinie Borris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: - - - -
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Degeneration — Interval Between Onset And Death: 2 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Carcinomatosis — 6 months

19a. DATE OF OPERATION: - - - - -
19b. MAJOR FINDINGS OF OPERATION - - - -

RECEIVED
1873
BUREAU V. S.

05745

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodland Beach
STREET ADDRESS (If rural give location) Old Town Road

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) A. (Last) Smith

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: Jan. 21, 1900

9. AGE last birthday: 53 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Pressman

10b. KIND OF BUSINESS OR INDUSTRY: Newspaper Printing

11. BIRTHPLACE (State or foreign country): Washington, D.C

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Smith

14. MOTHER'S MAIDEN NAME: Mary Connely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Alice Smith. Same As Above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42

Immediate cause (a) ..... Myocardial Infarction

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

Interval Between Onset And Death: 6 days / Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 June, 1953, to 4 June, 1953, that I last saw the deceased alive on 4 June, 1953, and that death occurred at 11:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward L. Beck M.D. — ADDRESS 4 Southgate Ave — DATE SIGNED 5 June 1953

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) — DATE THEREOF 6-8-1953 — NAME OF CEMETERY OR CREMATORY Hillcrest — LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 8, 1953 — REGISTRAR'S SIGNATURE [illegible] O'Donnell

24. FUNERAL DIRECTOR John M. Taylor & Son — ADDRESS Annapolis, Md.

JUN 9 1953
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05746

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Homewood Convl. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Mass — COUNTY: Suffolk, County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Revere
STREET ADDRESS (If rural, give location): 210 Bellingham Ave

3. NAME OF DECEASED: (Type or Print) (First) JASPER (Middle) TATTAN (Last)

4. DATE OF DEATH: (Month) JUNE (Day) 17 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	1871	82 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service) ?

16. SOCIAL SECURITY NO.: Unknown8

17. INFORMANT & ADDRESS: Michael J. Porcella Funeral Home 10 N. Bennett Boston, Mass

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause — (a) Arteriosclerotic Cardio-Vascular

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Disease with decompensation

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT (Specify) / SUICIDE / HOMICIDE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to 6/17, 1953, that I last saw the deceased alive on 6/17, 1953, and that death occurred at 12:05 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Maurice K Lawrence, MD Annapolis, Md 6/17/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	6/19/53	to	Boston, Mass.

DATE REC'D BY LOCAL REG. June 17, 1953 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: Ben L Hopping and Son Annapolis, Md.

JUN 18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 105747

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) Two days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 319 Fig Court, Severn Homes

3. NAME OF DECEASED: (Type or Print) (First) Sherrill (Middle) Ann (Last) Teague
4. DATE OF DEATH: (Month) June (Day) 10 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 6-9-53
9. AGE last birthday: -- yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 18 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Russell Gaston Teague
14. MOTHER'S MAIDEN NAME: Lucille Elizabeth Sherrill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
776 X
Immediate cause (a) Immaturity #776 — INTERVAL BETWEEN ONSET AND DEATH 18 hrs.
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 June, 19 53, to 10 June, 19 53, that I last saw the deceased alive on 10 June, 19 53, and that death occurred at 3:00 AM m., from the causes and on the date stated above.

SIGNATURE James C. HODGES, LT MC USNR (DEGREE OR TITLE) ADDRESS USNH, Annapolis, Md. DATE SIGNED 6-10-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 6-13-1953
NAME OF CEMETERY OR CREMATORY Bethel Methodist Church
LOCATION (City, town, or county) Morganton (State) N.C.

DATE REC'D BY LOCAL REG. June 11, 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor & Sons ADDRESS Annapolis, Md.

2063271322

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1

VS. A15

RECEIVED
JUN 12 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05748

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH:
COUNTY A. A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
LENGTH OF STAY (in this place) 47 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jessup Box 67

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
STREET ADDRESS (If rural give location) P.O. Box 67

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) R. (Last) Townsend

4. DATE OF DEATH (Month) June (Day) 26 (Year) 1953

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: June 28, 1903
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Domestic
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Townsend
14. MOTHER'S MAIDEN NAME: Annie Thomas

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Louis Norris, Jessup, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

430.1

Immediate cause (a) Acute Endocarditis — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chlasmas, secondary — 3 mos.

DUE TO

(c) anemia, stomatitis, oesphageal ulcers

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/21, 1953, to 6/26, 1953, that I last saw the deceased alive on 3/21, 1953, and that death occurred at 2 p, from the causes and on the date stated above.

SIGNATURE N. B. Townsend (Degree or title) M.D. ADDRESS Laurel DATE SIGNED Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 29, 53
NAME OF CEMETERY OR CREMATORY St Lawrence
LOCATION (City, town, or county) Jessup, A.A. Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR July 1-53
REGISTRAR'S SIGNATURE Clara Haslup
24. FUNERAL DIRECTOR MacNabb & Son ADDRESS Catonsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1953
BUREAU V. S.

49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY A. A. Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holly Point — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 206 S. Symington Ave.

3. NAME OF DECEASED (Type or Print)	(First) JAME	(Middle) E.	(Last) Vaith	4. DATE OF DEATH	(Month) June (Day) 13, (Year) 1953
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 10, 1893	9. AGE last birthday 60 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nurse	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Richard H. Dashiell	14. MOTHER'S MAIDEN NAME Sarah E. Harrison				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 218-14-8761	17. INFORMANT AND ADDRESS Mr. Martin Vaith - 206 S. Symington Ave.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154X Immediate cause (a) Carcinoma of rectum with

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) generalized abdominal metastases — 20 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Oct 24 1951	19b. MAJOR FINDINGS OF OPERATION Carcinoma of rectum	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1951, to June 13, 1953, that I last saw the deceased alive on June 13, 1953, and that death occurred at 1215P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Michael L. Vincentis	M.D.	11 E. Chase St. Baltimore, Md.	6/14/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	6/16/53	Green Mount Crematory	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/15/53	[illegible]	Wm. J. Sickner & Sons	Balto. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 7

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

750

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN P.O.Annapolis. LENGTH OF STAY (in this place) Few minutes.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chesapeake Bay Bridge Sandy Point.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Logan
STREET ADDRESS (If rural, give location) Box 905

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Joseph Lake Vaughan

4. DATE OF DEATH (Month) (Day) (Year) June 8-1953 19

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH Oct. 26 1891
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Furniture
11. BIRTHPLACE (State or foreign country) Hillsboro West Va.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Henry Vaughan
14. MOTHER'S MAIDEN NAME Nancy Walton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Betty J. Vaughan St. Michaels, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.5

Immediate cause (a) ~~Crused Chest~~ Crushed Chest — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Comm. Compound fracture of left tibia and (fibula. — Sudden

(c) Multiple lacerations of face and body. — Sudden

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Bay Bridge (CITY OR TOWN) Sandy Point, (COUNTY) Annapolis, A.A. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6/8/53 11.40 A.M. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Automobile Accident.

22. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes, accident X suicide, homicide, undetermined.

SIGNATURE Gustave R. Faulkner (Degree or title) Deputy Medical Examiner. ADDRESS Glen Burnie, Md. DATE SIGNED 6/8/53

CREMATION (Specify) DATE THEREOF June 9, 1953 NAME OF CEMETERY OR CREMATORY Logan W. Va. LOCATION (City, town, or county) Logan W. Va. (State)

ACCEPTED BY LOCAL REGISTRAR June 9, 1953 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor & Sons ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

FAST WRITE CLEARLY, WITH UNFADING INK. Supply every item of information carefully. This correct as specially important. Physicians: please write the causes of death clearly and legibly.

M

1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: P.O.Annapolis.Few minutes; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS: Chesapeake Bay Bridge, Sandy Point.Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: W.Virginia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Logan; STREET ADDRESS (If rural, give location): Box 905

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) Gittner (Last) Vaughan

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 1892

9. AGE last birthday: 60 yrs. If under 1 year: Months; Days; If under 24 hours: Hours; M

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Madison, Neb.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Morgan Gittner

14. MOTHER'S MAIDEN NAME: Fannie Wherett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Betty J. Vaughan, St Michaels, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured neck. — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Comm. Compound fracture of fibula and tibia. — Interval: "

(c) Multiple lacerations of face and body. — Interval: "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No X

WAS INJURY (MENTAL OR PHYSICAL) ULTIMATE X OR CONTRIBUTING CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Bay Bridge (CITY OR TOWN): Sandy Point, P.O. Annapolis, A.A. (COUNTY): Md. (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 6/8/53 11.40 A.M.

INJURY OCCURRED While at work ☐ Not while at work X

HOW DID INJURY OCCUR? Automobile accident

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find the said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: Caroline K. Faulkner M.D. (Degree or title) Deputy Medical Examiner. ADDRESS: Glen Burnie, Md. DATE SIGNED: 6/8/53

DISPOSITION (BURIAL, CREMATION, REMOVAL Specify) | DATE THEREOF: June 9 1953 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county): Logan (State): W. Va.

DATE REC'D BY LOCAL REG.: June 9, 1953 | REGISTRAR'S SIGNATURE: [signature] | 21. FUNERAL DIRECTOR: John M. Taylor + Sons | ADDRESS: Annapolis, Md.

MARGIN RESERVED FOR BINDING — Supply every item of information carefully. Type or write with UNFADING INK. Especially important. Physicians: please write the causes of death clearly and legibly.

05752

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Arundel Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home of Convalescent

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE DC COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington DC
STREET ADDRESS (If rural, give location) 1421 Mass Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) DR. ARTHUR D. WEAKLEY

4. DATE OF DEATH: (Month) (Day) (Year) 6-21-1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 16th 1869
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist
10b. KIND OF BUSINESS OR INDUSTRY: Dentist
11. BIRTHPLACE (State or foreign country): Shellyville Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Weakley
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Julia Weakley 1421 Mass Ave Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 4200

Immediate cause (a) Coronary Thrombosis (sudden) — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic Heart Disease — several years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — several years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1953, to June 21, 1953, that I last saw the deceased alive on June 21, 1953, and that death occurred at 1135 A m., from the causes and on the date stated above.

SIGNATURE George C. Basil (DEGREE OR TITLE) M. D. ADDRESS Humphreys Md DATE SIGNED June 21-53

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify): Cremation
DATE THEREOF 6/23/53
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) Prince Geo Co (State) Md

DATE REC'D BY LOCAL REG. June 21, 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Martin W. Hysong Co. ADDRESS 1300 N. St. Washington DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 1

RECEIVED
JUN 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn
LENGTH OF STAY (in this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Delmont

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) George Bartlett Heber

4. DATE OF DEATH (Month) (Day) (Year) June 29 1953

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 3/7/96
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 2 Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sander - Rubber Shoe Plastic Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Tilghman's Island Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Heber
14. MOTHER'S MAIDEN NAME Ida Bartlett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 216-09-8914
17. INFORMANT AND ADDRESS Mrs. Arta Goodke (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.

SIGNATURE (Degree or title) Gustave H. Faucher M.D. Deputy Med. Examiner ADDRESS Glen Burnie, Md. DATE SIGNED 6/27/53

DISPOSITION (Burial) DATE THEREOF June 30 1953 NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery LOCATION (City, town, or county) Woodlawn Balto. (State) Md.

DATE FILED BY LOCAL June 29, 1953 REGISTRAR'S SIGNATURE A.W. Hedrich dmr

24. FUNERAL DIRECTOR Hills Lamoreau 4510 Liberty Heights Ave ADDRESS

MARGIN RESERVED FOR BINDING

... WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... specially important. Physicians: please write the causes of death clearly and legibly.

99

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05754

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL- Lothian
LENGTH OF STAY (in this place) 2 1/2 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Moreland's Rest Home.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Pr.Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural give location) R X

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Mae (Last) Wells

4. DATE OF DEATH: (Month) 6 (Day) 18 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 22, 1865

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Duckett

14. MOTHER'S MAIDEN NAME: Martha Alberta Harvey.

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) –

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Maude Irene Buck (Daughter) --- Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) cerebral thrombosis — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) due to arteriosclerosis general.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypostatic pneumonia

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 9, 1953, to June 18, 1953, that I last saw the deceased alive on June 18, 1953., and that death occurred at 6:50 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Emily H. Wilson, M.D. ADDRESS Lothian, Md. DATE SIGNED 6-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6/22/53 NAME OF CEMETERY OR CREMATORY Mt. Carmel LOCATION (City, town, or county) Upper Marlboro, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-24-53 REGISTRAR'S SIGNATURE Ethel Mae Wilkinson

24. FUNERAL DIRECTOR ADDRESS Ritchie Bros. Upper Marlboro, Md.

RECEIVED
1 OF 3
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05755

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR ~~INSTITUTION OR STREET ADDRESS~~ Annapolis Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bright Water Beach
STREET ADDRESS (If rural give location) Box 195 Route #1 Glenburnie P.O.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) C. (Last) Wilson
4. DATE OF DEATH: (Month) June (Day) 16th (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): Married
8. DATE OF BIRTH: 6/4/1884
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: General Work
10b. KIND OF BUSINESS OR INDUSTRY: R.R.
11. BIRTHPLACE (State or foreign country): Hanover Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James C. Wilson
14. MOTHER'S MAIDEN NAME: Orra Vertz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ——
16. SOCIAL SECURITY No.: 213-10-1232
17. INFORMANT & ADDRESS: Mrs Handschuh (above address)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death 4 Shrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerosis (generalized) & ~~DUE TO~~ arteriosclerotic cardiovascular disease — 10 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/14, 1953, to 6/16, 1953, that I last saw the deceased alive on 6/15, 1953, and that death occurred at 5:10 PM 6/16/53, from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Borsuch M.D. ADDRESS Annapolis Md DATE SIGNED 6/16/53

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial
DATE THEREOF 6/19/53
NAME OF CEMETERY ~~OR CREMATORY~~ Oak Lawn
LOCATION (City, town, or county) (State) Eastern Ave. Extended

DATE REC'D BY LOCAL REGISTRAR 6-17-53
REGISTRAR'S SIGNATURE A. W. Hedrick M.H.
24. FUNERAL DIRECTOR Wm Cook Inc 1217 St. Paul St. ADDRESS

3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

05756

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY AA — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waterbury
STREET ADDRESS (If rural, give location) Crownsville P.O.

3. NAME OF DECEASED (Type or Print): (First) William. (Middle) H. (Last) Wilson
4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	M	1-24-1897	56 yrs.	—			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - (Owner)
10b. KIND OF BUSINESS OR INDUSTRY: Tobacco
11. BIRTHPLACE (State or foreign country): AA County, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Wilson
14. MOTHER'S MAIDEN NAME: Alice May Lambeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Alice Margaret Wilson wife same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary thrombosis — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none | (CITY OR TOWN) | (COUNTY): AA | (STATE): MD

TIME OF INJURY (Month) (Day) (Year) (Hour): 6 30 53 m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Ross Trimble — (Degree or title): MD — ADDRESS: Crownsville Md — DATE SIGNED: 6/30/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 7-3-53 — NAME OF CEMETERY OR CREMATORY: Baldwin Memorial — LOCATION (City, town, or county) (State): Millersville, Md.

DATE REC'D BY LOCAL REG.: July 2, 1953 — REGISTRAR'S SIGNATURE: J. O'Connell

24. FUNERAL DIRECTOR — ADDRESS: B L Hopkins Son Annapolis Md.

RECEIVED
JUL 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 105757

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bristol
LENGTH OF STAY (in this place) 48 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bristol
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Edward (Last) Wood

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 7, 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): conductor
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Lower Marlboro, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Edward Wood
14. MOTHER'S MAIDEN NAME: Ruth E. Hooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: 721 18 9443
17. INFORMANT & ADDRESS: Mrs. Della Moreland, Bristol, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 502.1

			Interval Between Onset and Death
Immediate cause	(a)	Congestive Heart Failure	1 year
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Bronchitis	10 yrs
	DUE TO		
	(c)	Secondary Anemia	4 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 15 yrs.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1953, to June 6, 1953, that I last saw the deceased alive on June 1, 1953, and that death occurred at 8.40 p.m. from the causes and on the date stated above.

SIGNATURE James E. Sasscer (DEGREE OR TITLE) M.D. ADDRESS Upper Marlboro-Md DATE SIGNED 6-8-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 9, 1953
NAME OF CEMETERY OR CREMATORY Mt. Zion
LOCATION (City, town, or county) (State) Lothian, Md.
DATE REC'D BY LOCAL REG. 6/8/53
REGISTRAR'S SIGNATURE Elsie W. Williams
24. FUNERAL DIRECTOR T.A. Hardesty & Son ADDRESS Galesville?md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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JUN 10 1953
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05758

CERTIFICATE OF DEATH

Reg. Dist. No. 28

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

T

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville — LENGTH OF STAY (in this place) 1½ months	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Monroria 15X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital	STREET ADDRESS (If rural give location) Rt. #2

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) T. (Last) Zeigler

4. DATE OF DEATH: (Month) 6 (Day) 24 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 1869?

9. AGE last birthday: 84? yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Doc Zeigler

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY No.: - - - -

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

450.0

Immediate cause (a) Generalized Arteriosclerosis — Known to us since adm. 4/30/53

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: - - - - - -

19b. MAJOR FINDINGS OF OPERATION -

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) - - - -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) - (CITY OR TOWN) - - - - - - (COUNTY) - - - - - - (STATE) - - - - - -

TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - - - m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 4/30, 1953, to 6/24, 1953, that I last saw the deceased alive on 6/24, 1953, and that death occurred at 11:00 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert, M.D. — ADDRESS Crownsville, Md. — DATE SIGNED 6/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF June 27 1953 — NAME OF CEMETERY OR CREMATORY Friendship Cemt. — LOCATION (City, town, or county) Clagettsville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-24-53 — REGISTRAR'S SIGNATURE R M Jyo

24. FUNERAL DIRECTOR Roy Av Barber — ADDRESS Laytonsville Maryland

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JUN 26 1953
BUREAU V. S.